

The Henry Lonsdale Trust CIO

Rosehill Residential Home

Inspection report

Rose Hill
Aglionby
Carlisle
Cumbria
CA4 8AA

Tel: 01228513660

Date of inspection visit:
22 October 2019
28 October 2019

Date of publication:
10 December 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Rosehill is a residential care home providing personal care for up to 40 people, including people living with dementia. At the time of the inspection there were 38 people living there.

The care home is a single storey building set out in four distinct family-sized units, each with its own adapted facilities and access to the sheltered courtyard garden.

People's experience of using this service and what we found

People and relatives were very positive about the care, kindness and respect shown by staff. People described the home as "a lovely place to live". They said there was plenty of interesting things to do and they enjoyed going out into the local community.

People felt safe and comfortable with staff. Staff knew how to report any concerns and said these would be acted upon. The home was bright, warm, clean and well-maintained.

There were enough staff to support people. Staff were deployed in an effective way in each of the units so there was always a quick response to calls for assistance. Staff were very knowledgeable about each person and how they wanted to be supported.

People's needs were assessed to make sure their care could be provided by this service. Staff said they had good training and support to carry out their roles.

The accommodation was very well adapted to meet the needs of people. The four different areas had colour-coded handrails and lots of picture signs so people could find their way around.

People said the meals were good and there were plenty of choices. Staff worked closely with other care professionals to support people's health needs.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives commented positively on the way the service was run and the approachability of the registered manager and staff. Staff said the service was well managed and was a calm, friendly place to work.

Feedback was sought about the service and suggestions were encouraged. The provider and registered manager were committed to continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

Since the last rating was awarded the provider has changed its name. This was the first rating since the provider's new registration.

Why we inspected

This was a planned inspection based on the new registration date.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rosehill Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rosehill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, deputy manager, care officers, care workers and a cook.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at maintenance and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this service since the provider changed its name. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said this was a "safe place" to live.
- Staff completed training in safeguarding adults. They understood their responsibility to report concerns and were confident that these would be acted upon.
- Information was available for visitors and staff about safeguarding people. There were no current concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were in place to manage them.
- Staff used mobility equipment correctly. Staff were careful to use pressure cushions and other aids to support people who were at risk of pressure areas.
- Tests of the premises and equipment took place to ensure they were safe to use. Some safety certificates were not up to date at the time of the inspection but were addressed immediately afterwards.

Staffing and recruitment

- Staffing levels were kept under review to make sure people received safe care.
- Staff were deployed in a way that meant there were dedicated staff in each of the four units. People and relatives said, "There are plenty of staff about" and "I always see enough staff when I come in".
- Staff responded very quickly to calls for assistance. They carried pagers so that they could summon other staff immediately if necessary.
- The provider's recruitment process minimised the risk of unsuitable staff being employed. This included seeking written references and Disclosure and Barring Service checks.

Using medicines safely

- Medicines were administered safely.
- Staff responsible for administering medicines were trained and had checks of their competence.
- There were some minor recording shortfalls. The registered manager took immediate action to address this and wrote to us to confirm what they had done.

Preventing and controlling infection

- The home was clean and tidy.
- Staff used gloves and aprons when appropriate.
- The provider had effective infection control systems and staff received training in this.

Learning lessons when things go wrong

- The registered manager monitored accidents and incidents to see if improvements could be made to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this service since the provider changed its name. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and senior staff carried out an assessment to make sure people's needs could be met at this service.
- The service used information from the assessments and from other care professionals to develop an individual plan of care for each person.
- The provider used best practice guidance to design the care service, for example for people living with dementia. The service had provided dementia awareness events for relatives to help them understand people's conditions.

Adapting service, design, decoration to meet people's needs

- The accommodation was very well adapted to meet the needs of people living there.
- The four family-sized units had their own kitchen, lounge and bathrooms. There were colour-coded handrails and picture signs to help people find their way around the home by themselves. There were lots of interesting pictures, objects and items for people to engage with throughout the home.
- The home was single storey and had lots of access doors to the secure courtyard garden. There were various seating areas for people to stop and rest. The service was set in very well-maintained grounds and people had lots of opportunities to go out with staff for walks.
- The home had adapted crockery and assisted bathrooms to support people with physical needs.

Staff support: induction, training, skills and experience

- Staff were competent and carried out their roles effectively.
- Staff received training that was relevant to their job. New staff completed an induction programme that included the Care Certificate.
- Staff received supervision and appraisal. They told us they were well-supported by the registered manager and the senior team.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met by the service.
- People said they had "good choices" of food and drinks. Their comments included, "The food is lovely" and "It's almost too good, I'm getting fat!"
- People's weights were monitored, and the service identified if they had difficulty eating or drinking. All meals were presented in an appetising way, including special diets or textures such as softened foods.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access health care services whenever they needed these.
- Staff had good working relationships with community health care services. Staff took advice from and worked closely with the mental health team, dietitians and speech and language therapy services. District nursing services visited daily and care at home nursing team visited weekly.
- The service had recently developed a new oral assessment to help improve people's support with their dental and mouth care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in daily decisions about their care where they had capacity to do so. People who lacked capacity were supported by relevant representatives and decisions were made in their best interest.
- Staff followed the principles of MCA and DoLS. People were not unnecessarily restricted, so their rights were not compromised.
- If relatives had Lasting Power of Attorneys (LPA), the service retained copies of these documents, so it was clear if who had the legal right to help people make significant decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this service since the provider changed its name. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives described the care at this home as "marvellous".
- People praised the attention and kindness they received. Their comments included, "The girls [staff] are wonderful, you've only got to ask for something and it's done, so kind" and "It's really nice, you couldn't get better". One person said, "This is my home and I love it."
- There was a very calm, warm and friendly atmosphere in the home. People were very engaged with staff and enjoyed appropriate hugs with them. Staff provided reassurance and encouragement whenever needed.
- People were assisted to maintain their cultural and spiritual preferences.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make their own daily choices and spend time doing the things they preferred.
- Staff made sure people had the time and support to make their own decisions. They spoke to people at ear or eye level, and choices were framed clearly and repeated patiently.
- The service assisted people to access advocacy services, whenever needed, to provide impartial support with any significant decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect.
- People were assisted to maintain a high standard of personal hygiene to make sure their dignity was upheld. For example, people were well dressed and well groomed. Ladies had jewellery and handbags, gentlemen were shaved and had wristwatches on.
- People's privacy was respected. Staff asked people's permission before entering their rooms or providing assistance.
- People's continuing independence was encouraged, wherever appropriate. For example, one person could manage to shower by themselves and staff stayed discreetly nearby to be on hand only if needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this service since the provider changed its name. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their individual needs and preferences.
- Staff were very knowledgeable about each person and supported them in the way that suited them.
- Some specific details were not always set out in their care records to ensure consistency, for example how people took their medicines or how to support them when distressed. The registered manager addressed this during the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in a way that they would understand. For example, some people were offered visual choices of meals, clothing and activities.
- If people had significant hearing needs staff would write down the assistance they were about to provide so the person would know what to expect.
- Staff did not rush people and gave them the time they needed to communicate their feelings and wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People described a huge range of meaningful and interesting activities they were offered and these were advertised in every unit.
- Recent activities had included visits from various pets and zoo animals, duckling eggs that hatched whilst being held by people, ballroom dancing and regular chair exercises.
- Activities were also designed to be purposeful. For example, some people had been assisted to grow vegetables in the garden and these had been used by the catering staff. Several people helped to fill up the bird feeders. ● Some people helped to dry dishes in the small kitchenettes in each lounges. Some people proudly told us they made jewellery, and this was sold at the front door for the activities fund.
- People were assisted to be part of their local community. They enjoyed lots of trips out to local places of interest including farm shops, supermarkets, garden centre, museums and cafes.

Improving care quality in response to complaints or concerns

- The service provided each person with clear, written information about how to make a complaint.

- People and relatives said they knew how to raise any issues and would be confident about speaking to staff or the management team if necessary. A person told us, "I've no worries, not a single one, and if I did I would just say, and the manager would come and see me and talk to me".
- The registered manager had taken action for the one complaint received and had used this to further improve practices around oral care.

End of life care and support

- The staff provided compassionate care to people who were at the end stages of their life.
- The service worked closely with local community nursing services to make sure people were provided with comfortable, pain-free support.
- Relatives described their experience of their family member's end of life care as "superb".
- People's advanced preferences about their last wishes were recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this service since the provider changed its name. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives spoke highly of the quality of the service.
- The registered manager and staff had good communication with people and relatives.
- There were regular meetings about the support people preferred, such as mealtimes and bath times, so that staff were clear about expected practices and good outcomes for people.
- The registered manager understood their responsibilities to be open and transparent if anything went wrong. Staff said the registered manager was "very approachable and candid" and "keeps a good eye on everything".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager continually monitored the standard of service and acted where improvements could be made.
- The registered manager reported to the board of trustees every three months. Trustees carried out regular visits to the service and reported on their findings.
- The registered manager understood their regulatory responsibilities and had submitted required notifications in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were encouraged to give feedback about the service. Their views were analysed but the results were not fed back to people. The registered manager said they would do this.
- Staff were encouraged to voice their views and make suggestions at meetings and in supervision.
- Staff said they felt valued. They told us, "This is the best home I've worked in" and "It's a lovely atmosphere, nice and calm and no pressure."

Continuous learning and improving care

- The provider and registered manager were committed to continuous improvement.
- The registered manager was receptive to new developments in best practice.
- The registered manager said the service was very well supported by the board of trustees, and there were

plans in place for further improvements including staffing and care records.

Working in partnership with others

- The registered manager encouraged strong links and visits with the local community, including a nursery and primary school.
- The service networked with local care organisations that were relevant to the people who lived there.